|  | l                   |                       | oort any Alteration to the Rec   |                              |                   |  |               |                   | ◆ 1   |
|--|---------------------|-----------------------|----------------------------------|------------------------------|-------------------|--|---------------|-------------------|---|
| Situs Address:<br>Property Descr                           | ption:              |                       |                                  |                              |                   |  |               |                   |   |
| File Return By:  |                     |                       | If no "File Ro                   | eturn By" date then return v | within 21 days oj | f date above and to righ                         | t -           |                   |   |
| Make necessary con   | rections to printed | l name, mailing addre | ess and location.                |                              |                   |  |               | 221 S. N<br>VISAL | RE COUNTY ASSESSOR<br>MOONEY BLVD., ROOM 102-E<br>IA, CALIFORNIA 93291-4593<br>336-5100 FAX: (559) 737-4468 |
| TRANSFERF  | ED TO A NEW (       | OWNER BY AN UN        |                                  | E AGREEMENT OR               | DEED, THE         | NATTACH A COL                                    | PY TO THIS FO | ORM. IF TI        | IS PROPERTY HAS BEEN<br>HE OWNER IS DECEASED,<br>THE ESTATE.  |
| 1 IMDDOX   | EMENTS A            | DDFD and/or           | (Use the reverse side REMOVED (S | if additional space is n     |                   | -  | aahinas ata   | . )               |   |
|  |                     |                       | `                                |                              | ips, i ipen       | ADDED  |               | IOVED             | COST  |
| DESCRIPTION OF IMPROVEMENT ADDED and/or REMOVED  ADD Month |                     |                       |                                  |                              |                   |  | ar Month      | Year              | COST  |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
| 2. TREES,  | VINES OR I          | PERENNIALS            | PLANTED and                      | or REMOVED                   | )                 |  |               |                   |   |
| DATE<br>Month Yea  | Number              | Species               | Variety                          | Spacing                      | Acres             | (CHECK ONE) Removed Planted Interplanted Grafted |               | Grafted           | COST  |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
| 2 CHANG  | EC INTELLE          | LAND CLIDEA           | CF (L                            | Diamina Dania                |                   | D-:11:4- \                                       |               |                   |   |
| 3. CHANG   |                     |                       | CE (Leveling, l                  |                              |                   | Drilling, etc.)                                  |               | ATE               | I   |
| DESCRIPTION OF CHANGES MADE TO THE LAND SURFACE            |                     |                       |                                  |                              |                   |  |               | Year              | COST  |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
|  |                     |                       |                                  |                              |                   |  |               |                   |   |
| DO VOU OWN   | TAXARLE PE          | RSONAL PROPI          | ERTY (Supplies and               | or Equipment) TH             | AT IS NOT         | REPORTED E                                       | LSEWHERE      | ?                 | Yes No  |

Signature Date Telephone Number 8am - 5pm (Revised 07/30/2014 - Adobe Acrobat ) [21]